

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 4, 2017

Ms. Brenda Schill, Manager  
Eastview At Middlebury  
100 Eastview Terrace  
Middlebury, VT 05753-9327

Dear Ms. Schill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 6, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/06/2017
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced, onsite re-licensure survey was completed on 7/6/17 by staff from the Vermont Division of Licensing and Protection. The survey also included a review of a facility mandatory self-report and a complaint investigation. There were no findings related to the self-report or the complaint; the following deficiencies are from the re-licensure survey.	R100		
R104 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.	R104		

R104 - R302  
POC complete 8.3.17  
MB/SL

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 07/06/2017
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R104	<p>Continued From page 1</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that the admission agreement in use by the home was compliant with the language stated in the Vermont Residential Care Home (RCH) Licensing Regulations related to the terms for section 5.3. a, Involuntary Discharge or Transfer of Residents. (This issue has the potential to affect all residents of the facility, including 6 applicable resident records sampled. (Residents # 1 - 6) Findings include:</p> <p>Per review of admission agreements for the 6 residents in the total record sample, for section VI., C. Relocation to Another Apartment, and VII. Termination of Agreement, B. Termination by EastView, the language in the current admission agreement includes some reasons for involuntary transfer or discharge that are not the same as stated (allowed) in the RCH regulations. Under 5.3. a, of the VT RCH regulations, Involuntary Discharge or Transfer of Residents, (1), An involuntary discharge or transfer may occur only when:</p> <ul style="list-style-type: none"> <li>i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or</li> <li>ii. The home is unable to meet the resident's assessed needs; or</li> </ul>	R104			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/06/2017
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R104	Continued From page 2  iii. The resident presents a threat to the resident's self or the welfare of other residents or staff; or iv. The discharge or transfer is ordered by a court of law; or v. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement.  The discrepancies in the only allowed reasons for involuntary discharge or transfers of residents was confirmed during interview with the Administrator and the Director of Health Services on 7/6/17 at 2:45 PM.	R104		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by:	R167		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 07/06/2017
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R167	Continued From page 3  Based on staff interview and record review, the facility RN (Registered Nurse) failed to develop a specific required care plan to direct unlicensed staff for administration of PRN psychoactive medications for 2 of 7 residents in the total sample. (Residents #1 and #7) Findings include:  Per record review, Residents #1 and #7 had physician orders for PRN (as needed) doses of psychoactive medications and there were no specific care plans for these residents that included the required elements as follows: a description of the behavior(s) the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates staff about the desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. The failure to provide written psychoactive care plans to direct unlicensed staff in administration of PRN psychoactive medications for these 2 applicable residents was confirmed during interview with the Director of Health Services on the afternoon of 7/6/16.	R167			
R302 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of	R302			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 07/06/2017
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R302	<p>Continued From page 4</p> <p>day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that fire drills were conducted on at least a quarterly basis and rotated the times among morning, afternoon, evening and night times. Findings include:</p> <p>Per review of the fire drills conducted at the facility during the previous 12 month period, the facility failed to include a fire drill during the 3rd quarter for 2016 (July through September, 2016). Based on the recorded times of the fire drills in the previous 12 months from survey, 3 drills were conducted in the morning and 1 drill was done in the afternoon; there were no fire drills reviewed that were done in the evening or night hours as required.</p> <p>During interview on 7/6/17 at 11:45 AM, the Facilities Manager acknowledged that the drills were not meeting the required times of the day, nor was at least one drill done in each of the 4 quarters of the year.</p>	R302			



Plan of Correction July 25, 2017

Cross Reference page 3, R167/SS=D, V. RESIDENT CARE AND HOME SERVICES  
Provider Plan of Correction for EastView at Middlebury

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This requirement was not met as evidenced by: Based on staff interview and record review, the facility RN (Registered Nurse) failed to develop a specific required care plan to direct unlicensed staff for administration of PRN psychoactive medications for 2 of 7 residents in the total sample.

Our plan of correction (POC) includes:

1. EastView has incorporated a new **PRN Psychoactive Behavior Monitoring Flow Sheet** for any resident on any psychoactive medication. This flow sheet is placed within the MAR (medication administration record) in conjunction with the specific medication being administered and monitored. The **PRN Psychoactive Behavior Monitoring Flow Sheet** will describe the behaviors intended to correct or address, specify circumstances that will indicate the use of the medications. Staff will be educated on circumstances that are indicated for the use of the medication, what the desired effects are, or undesired effects are. The staff will monitor and document the time of the behavior, reason for the medication and the specific results relating to the administration of the medication. RN will review the **PRN Psychoactive Behavior Monitoring Flow Sheet** a monthly basis and as needed. If medication is noted to be ineffective, or goals are not being met for resident, nursing will contact MD and have medication discontinued.
2. EastView Nursing staff has incorporated the House Pharmacy to review on a quarterly basis, all resident's medications including psychoactive medications.
3. EastView nursing will review and initiate the **PRN Psychoactive Behavior Monitoring Flow Sheet** for resident # 1 and resident #7.
4. This corrective action will be complete by July 25, 2017.

## PRN

**Behaviors:**

Medication should be given when other interventions have failed. The following interventions should be attempted prior to medicating:

1. Make sure basic needs are met. Is resident comfortable? Is she hungry or in pain?
2. Redirection. Change the focus from what is agitating the resident to something else. Once in a calmer state, can reintroduce the need for care/hygiene/ADLs.
3. A different caregiver can attempt to provide the needed care.
4. Two caregivers can attempt to provide the needed care together. One can distract while the other performs the care.
5. If these interventions fail, medicate.

**Desired effects:**

**Undesired side effects:** *Unsteadiness, dizziness, drowsiness, confusion, hallucinations.*

**Document time of, reason for and specific results of the medication use:**

[illegible]



Plan of Correction:

EastView shall take the following action:

- (1) EastView shall draft amendments to all existing Residential Care Agreements. Said amendments shall be incorporated into all existing Residential Care Agreements. Said amendments shall eliminate Section VI.C. Relocation to Another Apartment, and amend Section VII. B. to read as follows:

B. Involuntary Discharge or Transfer of Resident by EastView

An involuntary discharge of a resident is the removal of the resident from EastView when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room at EastView or to another facility with an anticipated return to Eastview. An involuntary discharge or transfer may occur only when:

- a. The Resident's care needs exceed those which EastView is licensed or approved through a variance to provide; or
  - b. EastView is unable to meet the Resident's assessed needs; or
  - c. The Resident presents a threat to the Resident's self or the welfare of other residents or staff; or
  - d. The discharge or transfer is ordered by a court; or
  - e. The Resident has failed to pay monthly charges for room, board and care in accordance with the Residential Care Agreement.
- (2) EastView shall provide said amendments for signature to all current Residential Care residents or the residents' legal representatives, as applicable.
  - (3) Upon receipt of each signed Amendment, EastView shall attach said Amendment to each resident's Residential Care Agreement.

EastView shall put the following measures into place to ensure that the deficient practice does not recur:

- (1) EastView shall revise the standard form Residential Care Agreement to reflect the language of the above-mentioned Amendment in all future Residential Care Agreements.

By revising the Residential Care Agreement, EastView shall effectively monitor that the deficient practice does not recur.

The dates corrective action will be completed are as follows:

1. Amendments shall be drafted on or before August 8, 2017.

2. Said Amendments shall be provided for signature to all current Residential Care residents or their legal representatives on or before August 15, 2017.
3. EastView shall attach said Amendments to each resident's Residential Care Agreement upon receipt thereof.
4. EastView has completed the revision to the standard form Residential Care Agreement.

EastView at Middlebury  
Plan of Correction (POC)  
July 22, 2017

R302 - Physical Plant

- Q. What action you will take to correct the deficiency?
- A. Effective immediately the required quarterly fire drills at rotated times of day including morning, afternoon, evening and night will be performed. With each fire drill a report log will be completed, added to our records, and include the date and time of each drill and the names of participating staff members.
- Q. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and, How the corrective actions will be monitored so the deficient practice does not recur?
- A. We have added quarterly fire drilling as a reoccurring Outlook calendar event for not just the Facilities Director, but also the Executive Director, Health Services Director and Maintenance Department. These calendar reminders to several members of the EastView staff will assure the execution of these required fire drills and prevent another deficient practice.
- Q. The dates corrective action will be completed?
- A. Corrective action has been completed with the reoccurring Outlook calendar event added and the third quarter fire drills for 2017 completed on July 21<sup>st</sup> and 22<sup>nd</sup>.